	State: FLORIDA
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY	
X_*	The State of _Florida_has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services.
	The State of <u>Florida</u> has entered into a valid program agreement(s) with a PACE provider(s) and the Secretary, as follows:
	Name of PACE provider:
	Service area:
	Maximum number of individuals to be enrolled:
	(This information should be provided for all PACE providers with which the State Administering Agency for PACE and the Secretary have entered into valid program agreements.)
	e provider selection process will be in accordance with the ate law.
TN No.	des Approval Date 12/9/98